Please type a plus sign (+) inside this box -		+
---	--	---

PTO/SB/81 (10-00)
Approved for use through 10/31/2002. OMB 0651-0035
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons ere required to respond to a collection of information unless it displey e valid OMB control number.

POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Application Number	10/605687
Filing Date	October 17, 2003
First Named Inventor	Dean Willberg [']
Group Art Unit	Unknown
Examiner Name	Unknown
Attorney Docket Number	56.0758

l hereby appoint:			
Practitioners at Customer Number OR Practitioner(s) named below:	Place Customer Number Bar Code Label here		
Name	Registration Number		
	——————————————————————————————————————		
as my/our attorney(s) or agent(s) to prosecute the application id business in the United States Patent and Trademark Office control			
Please change the correspondence address for the above-identified application to: ** The above-mentioned Customer Number. ** OR			
Firm <i>or</i> Individual Name			
Address			
Address			
City	State Zip		
Country			
Telephone	ax		
l am the: Applicant/Inventor.			
Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).			
SIGNATURE of Applicant or Assigne	e of Record		
Name Keith Dismuke			
Signature Kerth Dymuha			
Date 16-0 cto ber - 2003			
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.			
*Total offorms are submitted.			

r leade type a place sign (1) morae the bex	Please type a	plus sign (+) i	nside this box	→	+
---	---------------	-----------------	----------------	----------	---

PTO/SB/81 (10-00)
Approved for use through 10/31/2002. OMB 0651-0035
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it display a valid OMB control number.

POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Application Number	10/607687	
Filing Date	October 17, 2003	
First Named Inventor	Dean Willberg	
Group Art Unit	Unknown	
Examiner Name	Unknown	
Attorney Docket Number	56.0758	

I hereby appoint:			
Practitioners at Customer Number OR Practitioner(s) named below: Place Customer Number Bar Code Label here			
	Name	Registration Number	
as my/our attorney(s) o business in the United	as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.		
Please change the correspondence address for the above-Identified application to: ** The above-mentioned Customer Number. ** OR*			
Firm <i>or</i> Individual Name			
Address			
Address			
City	L.S	State Zip	
Country		ray l	
I am the: Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71.			
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). SIGNATURE of Applicant or Assignee of Record			
Dear	Willberg Willberg		
Name			
Signature Null Control of the Contro			
Date			
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.			
	rms are submitted.		